

CLAIMS ONLY						
				Application Number		Filing Date
				Applicant(s)		
* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
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Total Indep						
Total Depend						
Total Claims						